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ABSTRACT

Recognizing that education and health have become inextricably intertwined, some researchers recommend that educators address emotional and physical health, cognitive performance, and educational achievement in a comprehensive program. This approach, known as Comprehensive School Health (CSH), calls for a student-centered emphasis which focuses on promoting a healthy life style. The study addresses two related questions: (1) What are the most important health-related needs expressed by students? and (2) HOw closely do adolescent and adult perceptions of adolescent needs match up? Researchers surveyed students, parents, and teachers who participated in a 3-year study on the implementation and development of a CSH program. While students in each school identified divergent needs, the teachers' and parents' perceptions of adolescent health-related needs neatly corresponded across all three schools in this study. Agreement at the general needs level on the importance of skills for coping with problems and dealing with family relationships suggests these are areas that could benefit from program development efforts. Further, it is evident that improving skills for dealing with problems in these areas would also enhance school performance. However, adults engaged in program development should exercise caution when making inferences about student needs. (RJM)

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Teacher, Parent, and Student Perceptions of Adolescent Health-Related Needs

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University of Calgary

Paper presented at the annual meetings of the

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New Orleans, April 1994.

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Running Head: PERCEPTIONS OF HEALTH NEEDS

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Teacher, Parent, and Student Perceptions of Adolescent Health-Related Needs

The health-related knowledge, attitudes, and behaviors of Canadian and American school children have been an issue of rising concern in the past decade (King & Coles, 1992). Unfortunately, neither the assessment of, nor the response to, adolescent health-related concerns have traditionally been perceived as the responsibility of the school system. However, many writers (cf. DeFriese, Crossland, MacPhail-Wilcox, & Sowers, 1990) are suggesting that the changing face of society and the changing needs of school students makes it necessary for schools to expand their mandates to make health-related concerns a higher priority. For example, many students face emotional, social, and physical problems, which adversely affect their school performance (Seffrin, 1990). Students who are involved in substance abuse, self-destructive behaviors, and other health problems are typically socially and academically problematic and more at risk of dropping out of school (Cameron, Mutter, & Hamilton, 1991; Kolbe, 1985).

Recognizing that education and health have become inextricably intertwined, some writers (e.g., Kolbe, 1985; Mason, 1989; Nader, 1990) advocate addressing emotional and physical health, cognitive performance, and educational achievement in a comprehensive program, with a student centered emphasis focusing on promoting a healthy life style. This approach has become know as "Comprehensive School Health" (CSH). In the context of CSH, health is defined broadly to include all factors that affect a person's physical, social, and emotional well being CHS typically has three main components, environment, services, and instruction, and attempts to influence knowledge, attitudes, and behaviors in all three components. The process of implementing a CSH program usually follows some adaptation of the following steps, patterned after Nader (1990): establish links to the community and other

interested stakeholders, conduct a comprehensive needs assessment, establish program priorities, determine program delivery formats, develop, modify, and/or implement school health services, instruction, environment, and evaluation..

Central to CSH programming, and consistent with its philosophy of being student focused, is an assessment of student needs. Ideally, the results of the needs assessment drive the school programming—the high priority needs identified by the students become the rationales for mounting programs aimed at addressing those needs. Thus, changing the school's physical or social environment, offering additional services, or designing special instructional units, may all arise in response to the needs expressed by students. However, the ultimate programming authority in most schools rests with adults (teaching staff and parents). The question arises, how accurately do the perceptions of adolescent needs held by school staff and parents match with the reports of adolescents themselves.

The Current Study

This study was mounted to address the questions: what are the most important health-related needs expressed by students? and how closely do adolescent and adult perceptions of adolescent needs match up?

Method

In the Fall of 1992 a cooperative venture was launched between the school board and health department of a mid-sized Western Canadian city, and a private foundation. Over 3 year period, the project would implement a CSH model in six city high schools, studying the implementation process and developing a model for CSH program design, implementation, and evaluation that could be used by all schools in the system. This study reports the data from the first high school.

The sample was obtained by randomly selecting a designated portion of

the school population and administering the questionnaire during a designated subject that was required at all grade levels. Each student completed the questionnaire during the class period and took a parallel form home for a parent to complete. The school personnel form was distributed in staff mailboxes. The sample demographics are provided in the Tables at the end of this report.

To determine adolescent needs, a survey was developed using a Delphi procedure. Initially, a comprehensive literature review was conducted to determine the item stems and needs areas that had been used in previous research. These items were then presented to a representative sample who were asked to indicate which items were the most relevant to them personally and which items would be important to retain in a survey of adolescent health-related needs. Respondents were also invited to write in any items that they felt were missing. The write-in items were incorporated into the survey and administered at the next Delphi round. In all, three Delphi rounds were used to obtain the final form of the survey.

The final form of the survey contained 149 items, grouped into the following areas: Adolescent Issues (personal issues, behavior of friends, home issues, school issues), Services (services for physical health, information services , counseling services , interpersonal support), Instruction (physical health, emotional health, interpersonal relationships, sexuality), Environment (school physical environment, school interpersonal/social environment).

In Addition, a section entitled General Needs Areas asked participants to rate each of the 14 needs areas in the survey. Students responded to each of the 149 items on a 5-point likert scale. In addition, for each of the 14 general needs categories, they were asked to indicate which item in that category was most important for them. The form administered to the school staff and

parents contained same items, reworded to request what they thought adolescents needed in each area.

Results

Results are available from three pilot schools. In each school the constellation of needs identified by students are quite different,. However, in all three schools, the pattern of both teacher and parent perceptions of adolescent health-related needs is quite similar to each other, similar across all three schools, and shows noteworthy differences from the adolescent reports. A descriptive portrayal is contained in the tables appended to the end of this paper. The results are summarized below.

For Pilot School One, coping with problems and family relationships were the general needs areas identified as most important, being ranked either first or second by all three groups. The remaining general needs areas ranked in the top half by students, in order of priority were: sexuality, physical health, school issues, peer relationships, and emotional health. Within the two top areas, the specific sub-items that students identified as being most important, rank ordered within each area, were: under "coping with problems," suicide prevention skills, skills in coping with pressures, positive thinking skills, goal-setting skills, and relaxation skills; and under "family relationships," concern about desire to leave home, concern about conflict with parents, concern about parental rules, communication skills, and conflict resolution skills.

Of these, only coping with pressures, goal-setting, conflict with parents, communication, conflict resolution were also identified by both adult groups as being high priority needs. The other two general needs areas that were ranked in the top half by all three groups were, sexuality which was ranked sixth by parents and fourth by teachers, and emotional health which was ranked third by both parents and teachers. None of the other needs areas were in the top

half of either adult groups. Under sexuality, the third highest general area for students, the most important sub-item was "STD/AIDS prevention", which was ranked second for parents (behind "saying no") and second also for teachers (behind sexual identity). The other sexuality sub-items identified by students were: concern about STD's / AIDS, parenting skills, and decision-making skills. Under emotional health, the most important sub-items for students were personal future, time management, self-acceptance, and finding support. Self-acceptance was ranked third by all three groups, behind self-confidence and self-esteem for both parents and teachers.

The other items identified by students as being high priority were: information about the effects of drugs and alcohol, weight management, and physical fitness in general (part of the physical health area), wanting more interesting and more useful classes, wanting more parental support, and concern about general school atmosphere (part of the school issues area), and relationship building skills, concerns about racism and violence (part of the peer relationships area). None of these areas were identified as high priority by either adult group.

Space limitations prevent a verbal description of the results from Pilot Schools Two and Three, however, readers are referred to the tables at the end of this report for the full picture.

To gain another perspective on the comparative perceptions of students, teachers, and parents on adolescent needs, a series of MANOVAs were performed, using $p<.05$ as the criterion level. First, because each general needs area represents a concept within the CSH framework, it was feasible to treat each of the 14 general needs areas as a subscale of "adolescent needs". The omnibus effect indicated a significant difference between the three groups. Follow-up univariate tests indicated that the adult groups did not differ from

each other, but differed significantly from the student group on each of the subscales except "issues concerning the behaviour of friends." Because the primary purpose of this study was to explore perspectives on specific adolescent needs, MANOVAs also were performed on each of the 14 subscales using each question item as a dependent measure. All of the subscales, except "behavior of friends" produced a significant omnibus F. Follow-up univariate tests indicated significant differences between adolescent and adult perspective on 120 of the 149 specific needs items. Thus while teachers and parents tended to share similar views of what adolescents need, those views were substantially different from the views of the adolescents themselves. A summary of the discrepancies across all three schools is presented in Tables and figures at the end of this report.

Educational Importance

Second only to the family, schools have a unique opportunity to observe and impact the lives of almost every young person in our society. The acknowledgment that student emotional and physical well being has an important effect on student learning can empower schools to take action to reduce the interfering effects of health-related problems on student performance. Comprehensive School Health is an attempt to address the emotional and physical health-related needs of students, and through that to have a positive impact on their personal, social, and academic development. The fact that there was agreement at the general needs level on the importance of skills for coping with problems and dealing with family relationships suggests these are areas that could benefit from program development efforts. Further, it is easy to see how improved skills for dealing with problems in these areas would have a carry over effect on school performance. However, the finding that the priorities for adolescents identified by parents and teachers

vary considerably from those identified by the adolescents themselves, suggests that adults engaged in program development and curriculum planning should use extreme caution when making inferences about what student needs are most important to address.

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PILOT ONE - SAMPLE DEMOGRAPHICS

		GROUP			
		Students		Parents	School Personnel
Female	Grade 9	5	36	31	28
	Grade 10	8			
	Grade 11	14			
	Grade 12	9			
Male	Grade 9	12	45	2	14
	Grade 10	3			
	Grade 11	15			
	Grade 12	15			
		81		33	42
		(Data missing for no surveys)		(Data missing for 8 surveys)	(Data missing for 4 surveys)

PILOT TWO - SAMPLE DEMOGRAPHICS

	GROUP								
	Students			**Parents**			**School Personnel**		
Female	Grade 9	43	107	Single	3	33	Instructional Staff	18	23
	Grade 10	29		Married	20				
	Grade 11	19		Common Law	4				
	Grade 12	16		Separated	1		Support Staff	5	
				Divorced	4				
				Other	1				
Male	Grade 9	41	115	Single	1	9	Instructional Staff	7	7
	Grade 10	23		Married	8				
	Grade 11	30		Common Law					
	Grade 12	21		Separated			Support Staff		
				Divorced					
				Other					
	222			42			30		
	(Data missing for 2 surveys)			(Data missing for 6 surveys)			(Data missing for 1 surveys)		

PILOT THREE - SAMPLE DEMOGRAPHICS

	GROUP								
	Students			**Parents**			**School Personnel**		
Female	**Grade 10**	60	177	**Single**	1	75	**Instructional Staff**	9	13
				Married	56				
	Grade 11	44		**Common Law**	4				
				Separated	5		**Support Staff**	4	
	Grade 12	73		**Divorced**	9				
				Other					
Male	**Grade 10**	38	120	**Single**		19	**Instructional Staff**	16	18
				Married	17				
	Grade 11	25		**Common Law**					
				Separated	1		**Support Staff**	2	
	Grade 12	57		**Divorced**	1				
				Other					
	297			94			31		
	(Data missing for 6 surveys)			(Data missing for 4 surveys)			(Data missing for 2 surveys)		

PILOT ONE
ADOLESCENT GENERAL NEEDS AREAS PRIORITIZED

GROUP		
Students	**Parents**	**School Personnel**
Coping With Problems	**Family Relationships**	**Coping With Problems**
Family Relationships	**Coping With Problems**	**Family Relationships**
Sexuality	**Emotional Health**	**Emotional Health**
Physical Health	Counselling Services	**Sexuality**
School Issues	Interpersonal Environment	Interpersonal Environment
Peer Relationships	Behavior of Friends	Peer Relationships
Emotional Health	School Environment	Physical Health
Counselling Services	Sexuality	Counselling Services
School Environment	Medical Services	School Issues
Medical Services	Peer Relationships	School Environment
Behavior of Friends	School Issues	Adult Contacts
Interpersonal Environment	Information Services	Community Services
Information Services	Physical Health	Behavior of Friends
Community Services	Adult Contacts	Information Services
Adult Contacts	Community Services	Medical Services

Note. General Needs Areas ranked in top five by all three groups are **bolded and underlined**. General Needs Areas ranked in the top five by students and one adult group are **bolded only**. General Needs Areas ranked in the top five by both adult groups are underlined only.

HIGHEST PRIORITY SPECIFIC ADOLESCENT NEEDS

GROUP		
Students	**Parents**	**School Personnel**
	COPING WITH PROBLEMS	
Suicide prevention skills	Coping with feelings	**Coping with pressures**
Coping with pressures	**Suicide prevention skills**	**Goal-setting skills**
Positive thinking skills	**Positive thinking skills**	Understanding aggression
Goal-setting skills	**Goal-setting skills**	Stress management skills
Relaxation skills	**Coping with pressures**	Coping with feelings
	FAMILY RELATIONSHIPS	
Desire to leave home	**Communication skills**	**Conflict resolution skills**
Conflict with parents	**Conflict with parents**	Lack of parental caring
Parental rules	**Conflict resolution skills**	**Parental rules**
Communication skills	Lack of parental caring	**Communication skills**
Conflict resolution	Concern about physical abuse	**Conflict with parents**
	SEXUALITY	
HIV/AIDS counselling	Saying "no" to sex	Sexual identity
STD / AIDS prevention	**STD / AIDS prevention**	Unplanned pregnancy
Parenting skills	Sexual identity	**STD / AIDS prevention**
Sexual decision-making	**HIV/AIDS counselling**	Birth control information
STD/AIDS testing/treatment	**Parenting skills**	**Parenting skills**

Note. Items which appear across all three groups are **bolded and underlined**. Items common to students and one adult group are **bolded only**. Items common to both adult groups are underlined only

HIGH PRIORITY SPECIFIC ADOLESCENT NEEDS

GROUP		
Students	**Parents**	**School Personnel**
	SCHOOL PERFORMANCE	
Interest in classes	**More useful learning**	**More useful learning**
More parental support	Comprehension level	**More parental support**
More useful learning	**More parental support**	Comprehension level
School atmosphere	Illiteracy	Illiteracy
	PEER RELATIONSHIPS	
Relationship building	**Concern about racism**	**Concern about violence**
Concern about racism	**Concern about violence**	Acceptance by others
Concern about violence	Acceptance by others	Dealing with peer pressure
Conflict resolution	**Conflict resolution**	**Concern about racism**
	MENTAL/EMOTIONAL HEALTH	
Coping with the future	Self-confidence	Self-confidence
Time management	Self-esteem	Self-esteem
Self-acceptance	**Self-acceptance**	**Self-acceptance**
Skills in finding support	**Coping with the future**	**Skills in finding support**

Note. Items which appear across all three groups are **bolded and underlined**. Items common to students and one adult group are **bolded only**. Items common to both adult groups are underlined only

PILOT TWO
ADOLESCENT GENERAL NEEDS AREAS PRIORITIZED

GROUP		
Students	**Parents**	**School Personnel**
School Building/Grounds	**School Performance**	Involvement with teachers/staff
School Performance	Mental/Emotional Health	Peer Relationships
Physical Health	**Counselling**	Family/Home Life
Sexuality	**Sexuality**	Mental/Emotional Health
Counselling	**Physical Health**	**Physical Health**
Mental/Emotional Health	Involvement with teachers/staff	Involvement with students
Safety/Accident Prevention	Involvement with students	School Building/Grounds
Involvement with teachers/staff	Family/Home Life	School Performance
Involvement with students	Home Atmosphere	Counselling
Peer Relationships	Safety/Accident Prevention	Health Promotion
Home Atmosphere	Peer Relationships	Home Atmosphere
Health Promotion	Health Promotion	Sexuality
Family/Home Life	School Building/Grounds	Safety/Accident Prevention

Note. General Needs Areas ranked in top five by all three groups are **bolded and underlined**. General Needs Areas ranked in the top five by students and one adult group are **bolded only**. General Needs Areas ranked in the top five by both adult groups are underlined only.

HIGHEST PRIORITY SPECIFIC ADOLESCENT NEEDS

GROUP		
Students	**Parents**	**School Personnel**
SCHOOL BUILDING AND GROUNDS		
Washrooms cleaner/repaired	No alcohol/drugs	**Healthier food available**
Longer cafeteria hours	School crime eliminated	**No smoking**
Better temperature control	**Healthier food available**	No alcohol/drugs
No smoking	**No smoking**	Better air quality/circulation
Healthier food available	Better air quality/circulation	**Better temperature control**
SCHOOL PERFORMANCE		
More interest in classes	**More interest in classes**	More parental support
Longer lunch break	More tutorial instruction	**More life skills focus**
More life skills focus	More parental support	Better literacy skills
Better study skills	**Better study skills**	**More motivation to attend**
More motivation to attend	Better literacy skills	**Better study skills**
PHYSICAL HEALTH		
Physical fitness programs	**Nutrition**	Effects of alcohol/drugs
Cancer/heart disease prevention	Effects of alcohol/drugs	**Nutrition**
Nutrition	**Physical fitness programs**	Effects of tobacco use
Acceptance of body image	Effects of physical fitness	Effects of physical fitness
Stop smoking programs	Drug/alcohol programs	**Stop smoking programs**

Note. Items which appear across all three groups are **bolded and underlined**. Items common to students and one adult group are **bolded only**. Items common to both adult groups are underlined only

HIGH PRIORITY SPECIFIC ADOLESCENT NEEDS

GROUP		
Students	**Parents**	**School Personnel**
	SEXUALITY	
STD/AIDS prevention	Choosing abstinence	Choosing abstinence
Condom vending machines	Sexual decision-making	Sexual abuse counselling/ referral
Birth control counselling/ referral	**STD/AIDS prevention**	**Sexual assault counselling/referral**
Sexual assault counselling/referral	**Birth control counselling/ referral**	Sexual decision-making
	COUNSELLING	
Vocational/course counselling	**Vocational/course counselling**	**Coping with feelings**
Personal counselling	**Coping with feelings**	**Vocational/course counselling**
Bereavement counselling	**Personal counselling**	Referral to community resources
Coping with feelings	Suicide counselling	Suicide counselling
	MENTAL/EMOTIONAL HEALTH	
Stress management	Self-esteem	Self-esteem
Coping with the future	**Self-confidence/ decision-making**	**Self-confidence/ decision-making**
Self-confidence/ decision-making	**Stress management**	**Problem-solving**
Problem-solving	**Problem-solving**	Self-awareness - feelings

Note. Items which appear across all three groups are **bolded and underlined**. Items common to students and one adult group are **bolded only**. Items common to both adult groups are underlined only

PILOT THREE
ADOLESCENT GENERAL NEEDS AREAS PRIORITIZED

GROUP		
Students	**Parents**	**School Personnel**
School Performance	**School Performance**	**School Performance**
Physical Health	**Mental/Emotional Health**	**Mental/Emotional Health**
Sexuality	Family/Home Life	**Involvement with teachers/staff**
Mental/Emotional Health	Counselling	Counselling
Involvement with teachers/staff	Peer Relationships	Home Atmosphere
School Building/Grounds	Home Atmosphere	Family/Home Life
Involvement with other students	Physical Health	Involvement with other students
Peer Relationships	Involvement with teachers/staff	Peer Relationships
Counselling	Sexuality	Physical Health
Family/Home Life	Health Promotion	School Building/Grounds
Safety/Accident Prevention	Safety/Accident Prevention	Sexuality
Home Atmosphere	Involvement with other students	Health Promotion
Health Promotion	School Building/Grounds	Safety/Accident Prevention

Note. General Needs Areas ranked in top five by all three groups are **bolded and underlined**. General Needs Areas ranked in the top five by students and one adult group are **bolded only**. General Needs Areas ranked in the top five by both adult groups are underlined only.

HIGHEST PRIORITY SPECIFIC ADOLESCENT NEEDS

GROUP		
Students	**Parents**	**School Personnel**
	SCHOOL PERFORMANCE	
More interest in classes	**Stronger life skills focus**	More time on school work
Better study skills	More focus on core subjects	More motivation to attend
Stronger life skills focus	**More interest in classes**	**Better study skills**
Better comprehension	More tutorial instruction	**More interest in classes**
Better teaching methods	**Better comprehension**	Better literacy skills
	PHYSICAL HEALTH	
Nutrition	Drug/alcohol programs	**Nutrition**
More sports programs	**Nutrition**	Effects of physical fitness
Better fitness/weight facilities	Effects of alcohol/drugs	Effects of alcohol/drugs
Body Image	Physical fitness programs	**Body Image**
Meals programs	Effects of physical fitness	Effects of tobacco
	SEXUALITY	
Condom vending machines	Choosing abstinence	Sexual abuse counselling/ referral
STD/AIDS prevention	**STD/HIV/AIDS counselling/referral**	**Sexual decision-making**
Sexual assault counselling/referral	Sexual abuse counselling/ referral	Choosing abstinence
Sexual decision-making	**Sexual decision-making**	**STD/HIV/AIDS counselling/referral**
STD/HIV/AIDS counselling/referral	**STD/AIDS prevention**	**Sexual assault counselling/referral**

Note. Items which appear across all three groups are **bolded and underlined**. Items common to students and one adult group are **bolded only**. Items common to both adult groups are underlined only

HIGH PRIORITY SPECIFIC ADOLESCENT NEEDS

GROUP		
Students	**Parents**	**School Personnel**
MENTAL/EMOTIONAL HEALTH		
Stress management	**Self-confidence**	**Time management**
Time management	Self-esteem	Decision-making
Coping with the future	Decision-making	**Self-confidence**
Self-confidence	Goal setting	Self-esteem
INVOLVEMENT WITH TEACHERS / STAFF		
Understanding of student stress/workload	**Understanding of student stress/workload**	Clear consequences for breaking rules
No sexual discrimination	Clear consequences for breaking rules	Teachers less stressed
Better teacher-student relationships	Better home-school communication	Awareness/skill - adolescent problems
Abuse recognition and elimination	**Better teacher-student relationships**	**Better teacher-student relationships**
SCHOOL BUILDING AND GROUNDS		
Healthier cafeteria food	No alcohol/drugs	**Less vandalism**
Longer cafeteria hours	**Less vandalism**	Less garbage/litter
Cleaner washrooms	**Healthier cafeteria food**	No alcohol/drugs
Less vandalism	No smoking	Better air quality/circulation

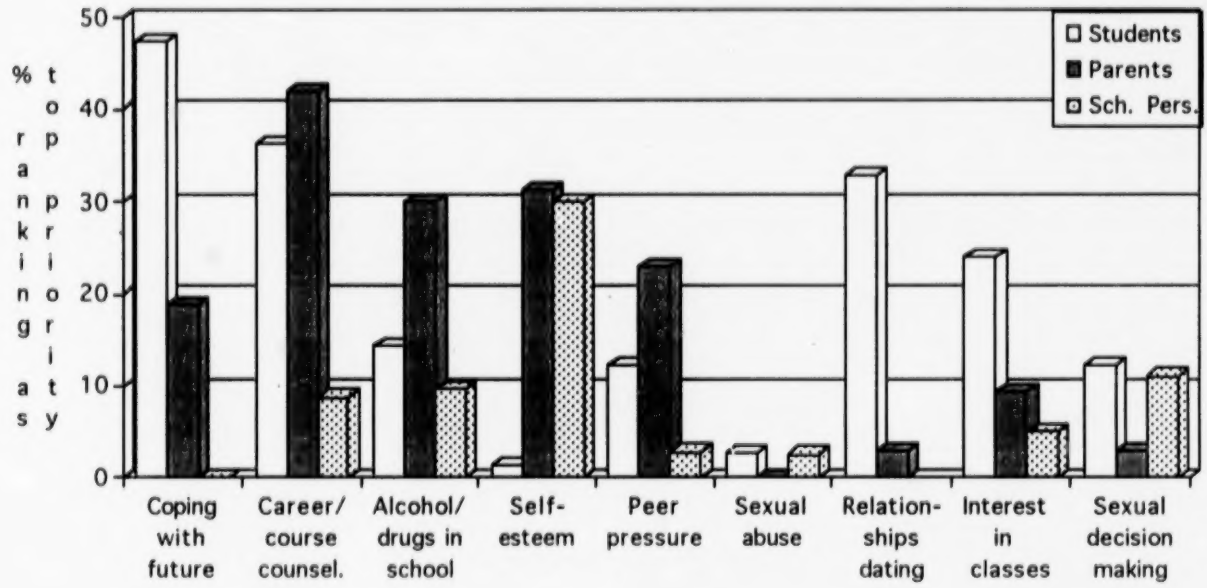
Note. Items which appear across all three groups are **bolded and underlined**. Items common to students and one adult group are **bolded only**. Items common to both adult groups are underlined only

KEY AREAS OF DISCREPANCY

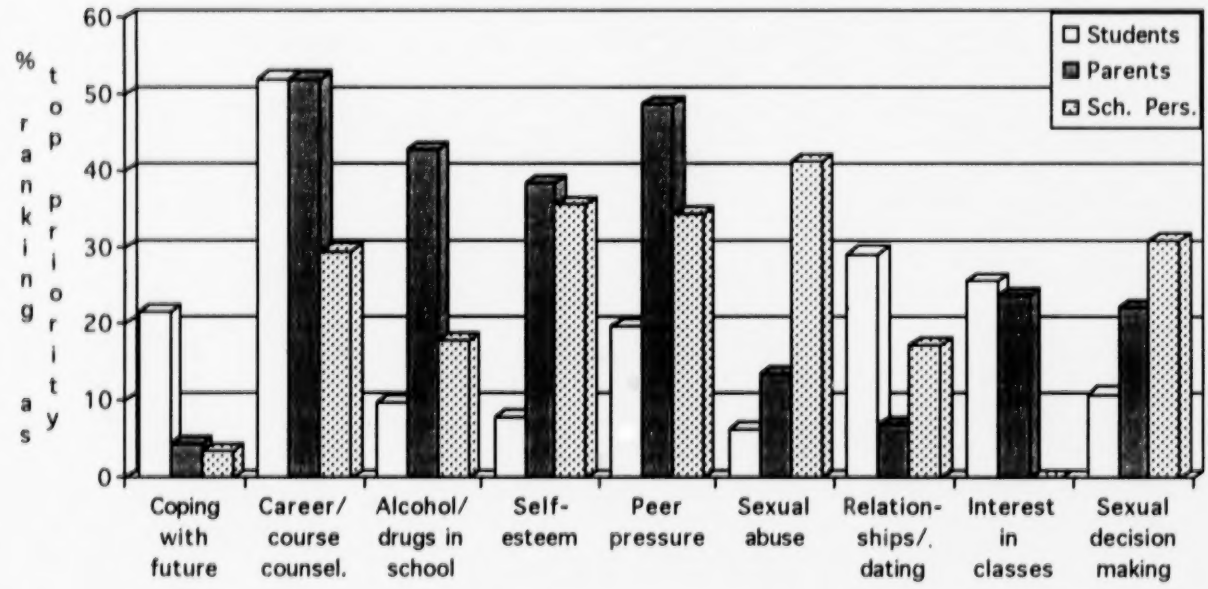
	SCHOOL								
	PILOT ONE			PILOT TWO			PILOT THREE		
ITEMS	Stud.	Par.	Sch. Pers.	Stud.	Par.	Sch. Pers.	Stud.	Par.	Sch. Pers.
Coping with future	47.4	18.8	0.0	21.6	4.5	3.6	13.8	3.7	0.0
Career/course counselling	36.2	42.0	8.8	52.1	52.1	29.6	38.7	17.2	10.7
Alcohol/drugs in school	14.4	30.0	9.7	9.7	42.9	17.9	7.7	45.3	7.7
Self-esteem	1.3	31.3	30.0	7.8	38.6	35.7	6.0	19.5	11.5
Peer pressure	12.3	22.9	2.8	19.7	48.8	34.5	8.4	55.3	42.3
Sexual abuse	2.6	0.0	2.5	6.3	13.6	41.4	8.7	27.5	26.9
Relationships/dating	32.9	2.9	0.0	29.3	7.0	17.2	30.5	3.5	11.5
Interest in classes	24.1	9.4	5.0	25.7	23.9	0.0	24.6	9.2	13.8
Sexual decision-making	12.3	2.9	11.1	10.9	22.2	31.0	17.7	28.2	44.4
Choosing abstinence	7.3	6.3	5.6	8.5	26.7	34.5	13.4	38.8	33.3
STD/AIDS prevention	14.5	21.9	16.7	34.8	20.0	10.3	27.2	14.1	3.7
Coping with feelings	9.6	12.1	5.6	6.6	14.6	29.6	10.6	24.1	28.6
Personal responsibility: Health	7.7	34.4	30.6	23.4	41.3	51.7	20.7	42.0	38.5

Note. Numbers represent the percentage of respondents to select that item as the highest priority in the section in which it was embedded.

PILOT ONE - KEY AREAS OF DISCREPANCY



PILOT TWO - KEY AREAS OF DISCREPANCY



PILOT THREE - KEY AREAS OF DISCREPANCY